



Laboratories Administration MD DHMH
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 Robert A. Myers, Ph.D., Director

STATE LAB
 Use Only

INFECTIOUS AGENTS: CULTURE/DETECTION

OR PRINT REQUIRED INFORMATION ON FILE LABELS ON ALL FILES COPIES

DEH [] DFP [] DMTY/PN [] QNOD [] QSTD [] QTB [] QCD [] QCOR [] Patient SS# (last 4 digits):
 Health Care Provider: Last Name [] SR [] JR [] Other []
 Address: First Name [] M.I. [] Maiden []
 City: County: Date of Birth (mm/dd/yyyy) / /
 State: Zip Code: Address:
 Contact Name: City: County:
 Phone: Email: State: Zip Code:
 Test Request Authorized by: State: Zip Code:
 Sex: Male Female Transgender M to F Transgender F to M Ethnicity: Hispanic or Latino Origin? yes no
 Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White
 Collect Date: Collect Time: am pm Onset Date:
 Reason for Test: Screening Diagnosis Contact Test of Cure 2-3 Months Post Rx Suspected Carrier Isolate for ID Rel
 Therapy/Drug Treatment: No Yes Therapy/Drug Type: Therapy/Drug Date:
 ↓ SPECIMEN CODE ↓ SPECIMEN CODE ↓ SPECIMEN CODE
BACTERIOLOGY **SPECIAL BACTERIOLOGY** **RESTRICTED TESTS**
 Bacterial Culture - Routine Legionella Culture Pre-approved submitters only
 Additional specimen codes: Leptospira Chlamydia trachomatis/GC NAAT
 Bordetella pertussis Mycoplasma
 Group A Strep **MYCOBACTERIOLOGY/AFB/TB**
 Group B Strep Screen AFB/TB Culture and Smear
 C. difficile Toxin AFB/TB Referred Culture for ID
 Diphtheria M. tuberculosis Referred Culture for:
 Foodborne Pathogens (B. cereus, Genotype:
 C. perfringens, S. aureus) Nucleic Acid Amplification Test for
 Gonorrhea Culture Incubated? yes no M. tuberculosis Complex (MTD)
 Hrs. incubated: Add'l specimen codes: **PARASITOLOGY**
 MRSA (rule out) Blood Parasites:
 VRE (rule out) Country visited outside US:
ENTERIC INFECTIONS Ova & Parasites Immigrant? Yes No
 Campylobacter Cryptosporidium
 E. coli O157 typing Cyclospora/Isospora
 Enteric Culture - Routine (Salmonella, Microsporidium.
 Shigella, E. coli O157, Campylobacter) Pinworm
 Salmonella typing **VIRUS ISOLATION/CHLAMYDIA**
 Shigella typing Adenovirus
 V. parahaemolyticus Arbovirus Panel (WNV, EEEV, SLEV, Borna
 Yersinia Chlamydia trachomatis
 Cytomegalovirus (CMV)
REFERENCE MICROBIOLOGY Enterovirus (Inc. Echo & Coxsackie)
 ABC's (BIDS) #: Herpes Simplex Virus (Types 1 & 2)
 Organism: Influenza (Types A & B)*
 Bacteria Referred Culture for ID Parainfluenza (Types 1, 2 & 3)*
 Specify: Respiratory Syncytial Virus (RSV)*
 Varicella (VZV)
 *MAY INCLUDE RESPIRATORY SCREENING PANEL
 Comments:
 SPECIMEN CODE:
 PLACE CODE IN BOX NEXT TO TEST
 B Blood
 BW Bronchial Washing
 CSF Cerebrospinal Fluid
 CX Cervix/Endocervix
 E Eye
 F Feces
 N Nasopharynx/Nasal
 P Penis
 R Rectum
 SP Sputum
 T Throat
 URE Urethra
 JFV Urine (First Void)
 UCC Urine (Clean Catch)
 V Vagina
 W Wound
 O Other:
 760499397

One lab slip **MUST** be completed for each specimen submitted.

Complete submitter and patient information sections including sex, ethnicity and race.

Fill in TRAB box or include TRAB name on your label or stamp.

Collect date must be completed

You must write the Specimen Code for the specimen source in this box next to the test requested.

Use only these codes: **CX, R, URE, or UFV**

**Sample
 Labslip
 CY
 2015**

**Chlamydia/GC NAAT
 MOU and
 Non-Sticker
 Allocation**

Visit the lab website for updates: <http://dhmh.maryland.gov/laboratories/SitePages/Chlamydia.aspx>
 If you have any questions, please call the Chlamydia Lab at (443) 681-3832, 3825, or 3937.
 To request collection kits/supplies, please call (443) 681-3776 or 3777.